

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

04 - 07

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 2004

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 456, Subparts F and I

7. FEDERAL BUDGET IMPACT:

a. FFY 05 \$ (6.2 million)

b. FFY 06 \$ (19.9 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, page 12

10. SUBJECT OF AMENDMENT:

Revision of criteria for nursing facility services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Paul Reinhart, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Paul Reinhart

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

July 6, 2004

16. RETURN TO:

Medical Services Administration

Program/Eligibility Policy Division - Federal Liaison Unit

Capitol Commons Center - 7th Floor

400 South Pine

Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

7/8/04

18. DATE APPROVED:

7/9/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/04

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPE NAME:

Cheryl A. Harris

22. TITLE:

Assistant Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

JUL 08 2004

DMCH - MI/MN/WI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

- 4a. **NURSING FACILITY SERVICES** (other than services in an institution for tuberculosis or mental diseases) for patients 21 years of age or older.

The following services are included when furnished by (or, in the case of physical therapy through a subcontract) a facility meeting the standards of a nursing facility:

1. Bed and board including a private room, if medically necessary, and special dietary services.
2. Nursing care, other medical services related to nursing care and use of equipment that is owned by the facility and is ordinarily provided in the care and treatment of the patient.
3. Specialized nursing services for patients who have been determined to be mentally retarded (or mentally ill) and have other infirmities requiring nursing care, who are treated in facilities or distinct units of nursing facilities that are approved for treatment of the mentally retarded (or mentally ill) and authorized for Title XIX certification by the Michigan Department of Community Health.
4. Routine physical therapy, occupational therapy and speech pathology consisting of repetitive services required to maintain function. The instructions for development of the therapy and treatment are included in the per diem rate. Such therapy does not require the therapist to perform the service, nor does it require complex and sophisticated procedures.

The period of covered nursing facility services is the minimum period necessary in this type of facility for the proper care and treatment of the patient. There is no requirement for prior hospitalization; however, admission to a nursing facility must be upon the written order of a physician or certified religious nonmedical health care practitioner certifying the need for continuous nursing facility care and the patient must meet Medicaid specified functional/medical eligibility criteria for nursing facility level of care.

TN NO. 04-07

Approval Date AUG 31 2004

Effective Date 10/01/2004

Supersedes

TN No. 95-19